

**01 MARCH 2001**



**Medical Operations**

**MEDICAL DUTIES WITHIN THE  
PRESIDENTIAL SUPPORT PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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**Medical Duties within the Presidential Support Program (PSP)** outlines the policy for review of medical records and notification procedures regarding members assigned towards Presidential support activities. This instruction calls for the collection of sensitive information and that information is protected under the Privacy Act of 1974. It applies to all commanders, organization PSP monitors and medical personnel attached to the 89th Airlift Wing assigned responsibilities within the program.

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## **1. General.**

1.1. Areas of Responsibility. Each section responsible for the maintenance of PSP health records should create operating instructions in accordance with all governing directives.

1.1.1. The central medical record files section at Malcolm Grow Medical Center is the designated repository for outpatient medical records of active duty non-flyer members stationed at Andrews AFB and assigned to Presidential support duties. The 89th Medical Group (MDG) PSP monitor is located in the Central Medical Record Files section. They are charged with the responsibility of maintaining PSP medical records.

1.1.2. The flight medicine PSP monitor is located in aerospace medicine and maintains responsibility over PSP flyer medical records.

1.1.3. The dental PSP monitor is located in the dental clinic and maintains responsibility over PSP dental records.

1.2. The Medical Certification Memo and AF Form 2583, Request for Personnel Security Action, are the forms utilized primarily in the performance of security clearance reviews.

1.3. In order to ensure complete integrity of operations, all personnel with access to medical records and documentation should familiarize themselves with the provisions of PSP. The education of MDG personnel and unit PSP monitors is essential to the successful operation of this program.

## **2. Responsibilities.**

### **2.1. The MDG Commander will:**

2.1.1. Ensure compliance with this instruction by all medical group personnel.

2.1.2. Appoint a MDG PSP monitor in writing.

2.1.3. Appoint a medical advisor to the MDG PSP monitor.

2.1.4. Appoint health care providers to function as competent medical authorities (CMA).

### **2.2. The MDG PSP Monitor will:**

2.2.1. Oversee the daily operations of the program.

2.2.1.1. The monitor or knowledgeable representative will receive from the unit security manager, the appropriately filled-in AF Form 2583 for health records review. The request will clearly identify the requester of the review and list a phone number in section III, in case clarification on an item is necessary.

2.2.1.2. The medical records for PSP will be signed out exclusively by the member for all routine appointments and logged into the PSP logbook. Members signing out records will be instructed on return procedures and given directions to follow in the event of being placed on quarters, given medications or being admitted to the facility. See [Attachment 2](#), PSP Personnel Instructions sheet.

2.2.1.3. The monitor or knowledgeable representative will perform a count of medical records missing upon the approximate expiration of a 24-hour period from the date records were charged out. Composite Health Care System (CHCS) provides the hour of checkout, but the count will be primarily based upon the date.

2.2.1.3.1. The monitor will contact the member assigned to PSP to determine the last known location of the record, and make every attempt to have the record returned to central files.

2.2.1.3.2. The monitor will contact the physician, if necessary, to obtain the medical record. Physicians will not be permitted to hold the medical records of PSP members, unless extenuating circumstances exist. In the event of these circumstances, the physician must justify them in writing to the MDG PSP monitor, who will notify the appropriate unit PSP monitor and make them aware of the justification. Periodic checks will be made with the holding physician to determine further justification for not returning the medical record. *Periodic* is defined as every 1 to 2 days. See [Attachment 3](#), Physician Justification Memo.

2.2.2. Perform daily quality checks on medical records.

2.2.3. Notify unit PSP monitors of potentially disqualifying information (PDI) or recommendations to temporarily decertify individuals from PSP. Annotate on SF 600, Chronological Record of Care, in medical records that notification to the unit PSP monitor was achieved.

2.2.4. Establish procedures for admissions and dispositions to follow when patients assigned to the PSP are hospitalized. See [Attachment 6](#), Admissions and Dispositions Procedural Memo.

2.2.5. File notifications of permanent de-certifications in applicable records and remove from the PSP file.

2.2.6. Perform semiannual audits of medical records using a checklist.

### **2.3. The Medical Advisor to the MDG PSP Monitor will:**

2.3.1. Make nominations to the MDG Commander of healthcare providers to function as CMAs.

2.3.2. Act as an advisor and a resource to the MDG PSP monitor regarding issues related to the program.

2.3.3. Ensure that CMAs are familiar with this directive and knowledgeable of the intent of the PSP.

2.3.4. Train CMAs to review records for PDI.

2.3.5. Brief the professional staff about the PSP at least annually.

### **2.4. The CMA will:**

2.4.1. Provide timely reviews of PSP medical records, not to exceed 5 duty days, for the purpose of clearing or identifying information on applicants that would preclude them from receiving a clearance. See [Attachment 7](#), Presidential Support Program Information Guide for Health Care Providers.

2.4.2. Arrange a schedule with the MDG PSP monitor to perform reviews.

2.4.3. Document the results of the review in the applicant's medical record on SF 600, Sensitive Duties overprint.

2.4.4. Provide clear documentation of findings to justify PDI. This information will be attached to AF Form 2583.

2.4.5. Annotate on AF Form 2583 the findings of the review, i.e., the member is cleared medically, etc.

2.4.6. Fill out the medical certification memorandum on all PSP applicants. See [Attachment 5](#), Medical Certification Memo.

2.4.7. Consult with the medical advisor if there are questions regarding the PSP.

**2.5. Health Care Provider will:**

2.5.1. Complete the sensitive duties stamp, in its entirety, and instruct the patient to hand-carry the record back to central files or flight medicine, as applicable.

2.5.2. Notify the MDG PSP monitor when it becomes necessary to hold the medical record beyond the appointment. The Physician Justification Memo ([Attachment 3](#)) will be filled out by the requesting provider and sent to the MDG PSP monitor within the duty day of the request.

**2.6. Clinic Personnel and the Emergency Department will:**

2.6.1. Notify the MDG PSP monitor of medical events involving the PSP member. **Note:** It is permissible for PSP members to perform the notifications, if they are able. The following list includes but is not limited to:

2.6.1.1. Member being placed on quarters or being hospitalized.

2.6.1.2. Recommendations from the provider that the individual not perform PSP duties temporarily.

2.6.1.3. Medical Profiles.

2.6.2. Ensure patient hand-carries medical records back to central files, if they are able. In the event that the patient is not able to hand-carry the records, clinic personnel will ensure medical records are returned to central files within 24 hours.

2.6.3. Notify admissions and dispositions, after duty hours, of PSP personnel being placed in any status other than "Return to Duty".

**2.7. Aerospace Medicine will** maintain all medical records for PSP flyers. They will establish procedures in compliance with all governing directives regarding PSP.

**2.8. Dental Commander will** designate, in writing, a PSP monitor to oversee PSP dental records.

**2.9. The Dental PSP Monitor will:**

2.9.1. Establish guidance in accordance with applicable directives surrounding the PSP.

2.9.2. Ensure that AF Form 745, Sensitive Duties Program Record Identifier, is in each PSP dental record.

2.9.3. Perform routine checks on dental records to ensure compliance with the PSP.

2.9.4. Attend security meetings or send a knowledgeable representative in their absence.

2.9.5. Relay any pertinent medical information to the unit PSP monitors, as it applies to their personnel.

**2.10. Admissions and Dispositions will:**

2.10.1. Immediately notify the MDG PSP monitor of any admissions for PSP personnel, upon discovery.

2.10.2. Notify the member's unit representative of all actions taken regarding PSP personnel during the weekend or after regular duty-hours admissions.

**2.11. The Unit Commander will:**

2.11.1. Identify personnel for PSP duties.

2.11.2. Review AF Form 2583 when PDI is noted.

2.11.3. Determine, based on PDI, whether or not to continue processing the applicant's clearance.

**2.12. The Unit PSP Monitor will:**

2.12.1. Provide the MDG PSP monitor with a memorandum listing current points of contact that may be notified, in the case of necessity regarding their members assigned to sensitive duties.

2.12.2. Initiate AF Form 2583 with sections I, II, and III filled in, as applicable. A phone number will be noted in section III, the "Local Files Check" area, in case there are questions. The requester will routinely be the unit PSP monitor. Refer to DoD 5200.2-R, Chapter 5, *Personnel Security Program*, for a complete listing of authorized requesters of personnel security investigations.

2.12.3. Submit the medical certificate letter, along with AF Form 2583 on each PSP applicant. The applicant's rank, full name, and SSAN will be typed or printed using black ink on the form. See [Attachment 5](#), for an example of the letter. **NOTE:** It is mandatory that the medical certificate form be submitted with all PSP security clearance requests.

2.12.4. Notify the MDG PSP monitor immediately of any changes in points of contact at their unit.

2.12.5. Educate their members regarding PSP.

2.12.6. Ensure expedient delivery of security documents requiring physician review and signature as soon as they know of the necessity for clearance action.

2.12.7. Notify the MDG PSP monitor when their members have been decertified. Decertification must be done in writing.

**2.13. 89th Security Forces Squadron (89 SFS/SFAI) will:**

2.13.1. Provide the medical group with a biannual list of personnel assigned to Presidential support duties.

2.13.2. Forward notifications of base PSP selections upon receipt from the Air Force Center Adjudication Facility (AFCAF) to the MDG PSP monitor.

**3. Security Clearance Process.** The monitor or knowledgeable representative will initiate the medical records review process for security clearance requests on PSP applicants by performing the following actions:

3.1. Locate the medical records of the applicants for whom the clearances are sought.

3.2. Perform a search in the Composite Health Care System (CHCS) to determine if any history of medical appointments, for each applicant, exists.

- 3.3. Contact Mental Health to determine if there are any episodes on file for the applicant. In the case of mental health files existence, follow procedures to gain access to those records.
- 3.4. Annotate on SF 600 that medical records are being forwarded to the provider. Sign and date the entry.
- 3.5. Sign out the medical records using AF Form 250 and CHCS to the CMA assigned to perform the final review.
- 3.6. Make and maintain a copy in central files of all AF Forms 2583 received from unit PSP monitors until all medical review actions are completed. Once the CMA has signed the original request, the copy may be destroyed.
- 3.7. Hand-carry the medical records along with the AF Forms 2583, bound by a rubber band and covered with a top sheet, (see [Attachment 4](#), CMA cover sheet) to the CMA. Before delivering the medical records, arrange with the provider via email, phone, etc., the date planned for review so a determination on the return of the medical records can be made.
- 3.8. Arrange with the provider to notify the MDG PSP monitor via phone or email once review has been accomplished. Upon notification, the records will be picked up and looked over to see if PDI has been identified. In the case of PDI:
  - 3.8.1. AF Form 2583 should indicate in the Remarks section, item 30, that there is PDI in the applicant's health records. The MDG PSP monitor should have attached a copy of SF 600, PSP overprint to the AF Form 2583 documenting the episode found in the medical record. This information will be forwarded to the applicant's commander for review.
  - 3.8.2. All AF Forms 2583 with PDI will be sealed in an envelope for the applicant's unit commander's eyes-only. The respective unit PSP monitor will be notified that PDI exists on their applicant(s) and arrangements will be made for the monitor to pick up the sealed envelope from central files and hand-carry the information to the commander.
- 3.9. AF Forms 2583 that have successfully cleared the medical record review along with a signed medical certification letter will be held in central files until the unit PSP monitor or person acting in his/her absence picks up the material.
- 3.10. Upon receipt of the appointment letter from the 89 SFS/SFAI, the medical record will be pulled and brought to central files. If an appointment letter is not sent on an individual, no further action is required from the MDG PSP monitor. In cases where an appointment letter is received, the following steps will take place:
  - 3.10.1. The record room as noted in CHCS will be changed to reflect central files PSP. The record should be officially charged in, at this time.
  - 3.10.2. A medical record-tracking label will be created and affixed to the record.
  - 3.10.3. AF Form 745 will be placed in the 2nd part of the medical record as the top sheet.
  - 3.10.4. A PSP stamp will be placed on the front of the record jacket.
  - 3.10.5. Red tape will be affixed to the record along the right edge of the back leaf of the folder containing the same digit as the last digit of the social security number.
  - 3.10.6. The record will be filed in the PSP Records area located in central files.

3.10.7. The copy of AF Form 2583 may be destroyed once all actions have been accomplished regarding the applicant.

**4. Requests for Security Clearances on Civilians.** Clearances will be accomplished on civilian applicants for PSP in the same manner as with active duty personnel. Civilian members should be affiliated with the military through retiree status or civil service. If civilian members do not maintain medical records within the military treatment facility, then it becomes their responsibility to get their medical records reviewed by their current health care provider. Once the provider signs AF Form 2583 stating that no PDI exists, the member hand-carries the document back to the unit PSP monitor.

## **5. Handling of PSP Medical Records.**

**5.1. Filing PSP Medical Records.** Records of personnel assigned to presidential support activities will be maintained separate from other medical records. Records will not be pulled for medical appointments. The member will sign out records, unless extenuating circumstances exist. AF Form 614, Charge-Out Record, identifying the record location, will be placed in the main file in AF Form 887, blue Medical Record Charge-Out Guide.

### **5.2. Identifying Medical Records as PSP.**

5.2.1. Outpatient medical and dental records will be marked with red tape over the last digit of the social security number.

5.2.2. AF Form 745 will be placed in all health records for PSP personnel. Ensure PSP is circled on the form.

5.2.3. The PSP/PRP stamp will be placed on the front cover of the medical record below the name label.

5.2.4. The sensitive duties program box on the front of the medical record will be marked with the date person entered the PSP, in pencil.

5.2.5. Ensure a clean SF 600 Sensitive Duties overprint is placed in each record before charging it out or placing it back on the shelf.

**6. PSP Appointment Letters.** Records will be quality checked for appointment letters located in the third part of four-part folders and the second part of two-part folders. If the letter is missing, contact 89 SFS/SFAI to verify member's status. If the member has been removed from PSP, no action will take place until the MDG PSP monitor has received written notification of the member's removal. Notification should also be sent to other areas maintaining PSP medical records (i.e., dental, aerospace medicine) as applicable.

## **7. Daily Medical Record Audit.**

7.1. Daily audits will be performed in order to determine record availability. Records should not be kept out at appointments past a 24-hour period.

7.2. If it becomes necessary for a record to be kept beyond the scheduled appointment, the clinic where the appointment is scheduled must contact the MDG PSP monitor and relay any necessary information that would necessitate contacting the unit PSP monitor.



## 8. Making Required Notifications.

8.1. During normal duty hours, health care providers will complete the sensitive duties stamp and instruct the patient to hand-carry the record back to the records area where it is maintained. The MDG PSP monitor will screen the medical records and make notifications as required.

8.2. If personnel assigned to PSP are hospitalized, the admissions clerk will notify the first sergeant of the member's unit and place a copy of AF Form 560, Authorization and Treatment Statement, in a folder designated for the PSP monitor. Upon the resumption of regular duty hours, the MDG PSP monitor will be notified. Upon receipt of AF Form 560, the MDG PSP monitor will annotate in the records the admission, file the copy of AF Form 560 in the first part of the record and contact the member's unit PSP monitor. If the admission occurs over the weekend, the admissions clerk will place a copy of AF Form 560 in the folder designated for PSP notifications. Admissions personnel will notify the MDG PSP monitor of PSP admissions over the weekend.

**8.3. After-Hour Visits in the Emergency Department.** PSP Personnel that are seen in the emergency department after normal duty hours and placed in any status other than 'return to duty' should be reported to admissions and dispositions. A copy of AF Form 558, Emergency Care and Treatment, with the Sensitive Duties Stamp completed on the individual should be forwarded to admissions immediately to be placed in the folder designated for PSP notifications. **Note:** If the stamp is not available, SF 600, PSP overprint must be used in order to properly document the diagnosis and expected outcome by the provider.

## 9. Processing Documentation on Personnel Selected or Removed from the PSP.

9.1. The MDG PSP monitor is the point of contact for initiating security clearance record screenings. The request routinely comes in the form of AF Form 2583 and the medical certification letter.

9.2. The MDG PSP monitor will retrieve the applicant's medical record and forward it to the designated CMA. Members on flying status will have their records reviewed by the flight surgeon's office. The member should not be allowed to hand-carry the request or medical records for security clearance action.

9.3. The MDG PSP monitor or designated person will notify the unit PSP monitor when personnel security action requests are completed.

9.4. The medical record will be returned to the original record holding area where it was pulled from until the MDG PSP monitor receives a letter of appointment. Upon receipt, the record will be charged into central files, where it will be prepared and maintained as a PSP medical record.

9.5. Unit PSP monitors will notify 89 SFS/SFAI when their personnel are decertified. Security forces will notify the MDG PSP monitor of the desertification. All desertification actions must be done in writing and will be filed in the affected individual's record. The record will be removed from the PSP files and sensitive duty markings will be removed or blackened. The record will be returned to the records room of the team where the member is empanelled.

**10. Audits.** Semi-annual audits will be conducted by the MDG PSP monitor to confirm the presence of records of all personnel assigned to the PSP. The rosters supplied by 89 SFS/SFAI will be used to conduct

audits. Identified discrepancies will be followed until resolved. The MDG PSP monitor will maintain audit results.

JAMES A. HAWKINS, BGen, USAF  
Commander, 89th Airlift Wing

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 31-501, *Personnel Security Program Management*

AFH 31-502, *Personnel Security Program*

DoD 5200.1-R, *Information Security Program*

DoD 5200.2-R, *Personnel Security Program*

DoD 5210.55, *Selection of DoD Military and Civilian Personnel and Contractor Employees for Assignment to Presidential Support Activities*

***Abbreviations and Acronyms***

**AFCAF**—Air Force Center Adjudication Facility

**CHCS**—Composite Health Care System

**CMA**—Competent Medical Authority

**MDG**—Medical Group

**PDI**—Potentially Disqualifying Information

**PSP**—Presidential Support Program

***Terms***

**Local Files Check**—A local check of the security police, medical facility, personnel files, etc., designed to uncover the existence of unfavorable information concerning a person. Provides commanders with initial information on which to base trustworthiness determination and request a personnel security investigation.

**Personnel Security**—A criterion of security based upon standards that must be met for clearance or assignment to sensitive duties. The allegiance, reliability, trustworthiness, and judgment of the individual being considered for such positions must be assessed to ensure that placement of each individual in such a position is clearly consistent with the interests of national security.

**Requester of Personnel Security Investigations**—Persons authorized to request personnel security investigations (PSIs) from Defense Investigative Services (DIS) or the Office of Personnel Management (OPM). Normally a member of the servicing security activity requests PSIs from DIS and a member of the civilian personnel office requests National Agency Checks plus Written Inquiries (NACIs) from OPM.

## Attachment 2

## PSP PERSONNEL INSTRUCTION SHEET

**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 89TH AIRLIFT WING (AMC)**

## MEMORANDUM FOR PSP PERSONNEL

## FROM: MDOS/SGOXO

1050 W Perimeter Road  
Andrews AFB MD 20762-5000

## SUBJECT: Medical Record Responsibility

## 1. This certifies that

\_\_\_\_\_  
(Grade, last, first, middle name, and social #),  
understands that in accordance with 89 AAFBI 44-xxxx, and as a member of the Presidential Support Program (PSP), medical records must be maintained in file when not being actively used for medical purposes. Member will hand-carry medical records back to central files whenever charging them out for a medical appointment.

2. Member agrees to notify clinic staff and the provider of PSP status and inform applicable personnel that medical records should be hand-carried immediately back to central files. Member will notify the PSP monitor, should the provider need to hold records for further medical review.

3. If the member's medical records are needed at another medical treatment facility, they will be placed in a sealed envelope by records personnel and returned to central files within 48 hours. If known beforehand that the medical records are needed longer than 24 hours at another medical treatment facility, the member understand that they must make a copy of their medical records through Medical Records Release, before the scheduled appointment. The member is advised that family members are not authorized access to their medical record even with implied consent. Special situations will be handled as they present themselves, and are subject to the approval of the flight commander over the PSP medical records.

4. Signature below serves as an acknowledgement to the member's responsibilities in handling their medical record. Any questions regarding the policies set forth by PSP directives should be directed to the PSP monitor, who may be reached through duty phone 7-5031.

\_\_\_\_\_  
(PSP Personnel's Signature and date)

\_\_\_\_\_  
(Medical Records PSP Monitor's Signature and date)

**Attachment 3**

**PHYSICIAN JUSTIFICATION MEMO**

**Physician Justification Memo**

\_\_\_\_\_  
Date

MEMORANDUM FOR MDG PSP MONITOR

FROM: \_\_\_\_\_  
Squadron/Office Symbol (Rank/Full Name & Duty Phone Ext.)

**SUBJECT:** Physician Justification for Maintaining PSP Medical Record Outside of 24-hour Period

Request that the medical record of \_\_\_\_\_ (Rank, Name & SSAN) be held for further review. The medical record should be returned by the next duty day. A new justification letter will be submitted in the event that additional time is required.

*Return this form to the MDOS/SGOX (PSP Monitor)*

## Attachment 4

## SECURITY CLEARANCE MEDICAL REVIEW COVER SHEET

**Security Clearance Medical Review  
Cover Sheet**

Record Drop-off Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

CMA's Name, Phone &amp; Location:

\_\_\_\_\_

Records Enclosed:

Name &amp; Last four

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes/Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Attention PSP Monitor:** Keep a copy of this form at the PSP desk, for record purposes, upon filling it out.

Record Drop-off Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

CMA's Name, Phone &amp; Location:

\_\_\_\_\_

**Records Enclosed:**

**Name & Last four**

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**Notes/Remarks:**

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**Attention PSP Monitor:** Keep a copy of this form at the PSP desk, for record purposes, upon filling it out.

## Attachment 5

## MEDICAL CERTIFICATION

**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 89TH AIRLIFT WING (AMC)**

MEMORANDUM FOR 89 SFS/CC

FROM: MDOS/SGOXO  
1050 W Perimeter Road  
Andrews AFB MD 20762-5000

SUBJECT: Medical Certificate

\_\_This certifies a competent medical authority reviewed the medical records regarding \_\_\_\_\_ (grade, full name, and SSN of individual) and no physical or mental disorder is noted in the records that could adversely affect the individual's judgment or reliability. The medical authority who reviewed the records is \_\_\_\_\_ (name) and may be contacted at \_\_\_\_\_.

Or

\_\_This certifies a competent medical authority reviewed the medical records regarding \_\_\_\_\_ (grade, full name, and SSN of individual) and found the following potentially disqualifying information that could adversely affect the individual's judgment or reliability: (i.e., drug abuse, alcohol abuse, mental or emotional problems, etc.) The medical authority who reviewed the records is \_\_\_\_\_ (name) and may be contacted at \_\_\_\_\_.

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(Medical Officer's Signature & Provider Stamp)



## Attachment 6

## A &amp; D PROCEDURAL MEMO

<b>Admissions and Dispositions (A&amp;D) Checklist</b>
All active duty personnel, being admitted, should be asked if they are in the PSP.
If PSP personnel are identified during an admission over the weekend or after regular duty hours, AF Form 560 should be annotated appropriately in the administrative data section, item #40, to reflect the member's status.
A&D personnel should notify the patient's first sergeant regarding admissions after regular duty hours. Notification attempts should be placed in the A&D log of events for reference purposes.
A&D will place AF Form 745 as the topmost document in the inpatient record and inform the ward clerk/staff that it should remain on top at all times.
A&D will notify the PSP monitor upon discharge of PSP personnel. If personnel are discharged over the weekend, a copy of the discharge sheet will be placed in the folder designated for the PSP monitor and he/she will be notified upon the resumption of regular duty hours.
A&D personnel will place a copy of AF Form 560, Authorization and Treatment Statement, in a folder designated for the PSP monitor and notify the MDG PSP monitor of the action, in the morning upon resumption of regular duty hours.
Upon notification from the emergency department regarding PSP personnel placed in any status other than 'Return to Duty,' A&D should place a copy of SF Form 558, Emergency Care and Treatment Report, in the folder designated for the PSP monitor. A&D should notify the MDG PSP monitor of the action in the morning, upon resumption of regular duty hours.
The following information is required when performing notifications.
Member is PSP / PRP (circle one).
Name: _____
SSAN: _____
Date: _____
Time: _____
Notification Made By: _____
Person Contacted: _____
Contact Phone/Date/Time: _____

**Attachment 7****PROVIDER MEDICAL RECORDS SCREENING GUIDE*****PRESIDENTIAL SUPPORT PROGRAM (PSP)*****Information Guide for Health Care Providers**

**INTRODUCTION:** This handout has been prepared specifically for the health care providers. It has been designed to clearly explain the PSP and the individual provider's responsibilities relative to PSP. The information is general in nature and not intended to be all-inclusive. If you have questions about PSP, please ask!

**THE PSP:** The PSP is designed to make sure that each person who performs duties with support of the President or protection of the President meets the highest possible standards of individual reliability. Squadron commanders have the final responsibility for the program within their units. They make the final determination on an individual's PSP status.

**THE SPIRIT AND INTENT OF THE PSP PROGRAM:**

1. It is designed to select people of the highest reliability to perform Presidential support related duties. It is intended to prevent the unauthorized harm to the President or national security.
2. It evaluates member's health records to provide recommendations on an individual's suitability to perform PSP duties.
3. It notifies the unit commander or designated representative when the member's reliability may be impaired. Illness, injury, medical, dental, or psychiatric treatments are possible reasons for impairment. This is based on the medical or dental personnel's judgment.
4. It trains assigned medical personnel on the objectives of the program and the absolute necessity for keeping PSP records accurate and current.
5. It ensures all personnel on PSP are properly identified.
6. It appoints the following:
  - 6.1. MDG PSP monitor.
  - 6.2. Medical advisor to the PSP monitor
  - 6.3. Health care providers to function as competent medical authorities (CMA) who review medical records for potentially disqualifying information (PDI).
  - 6.4. Dental, Flight Surgeon, Mental Health (Substance Abuse, Family Advocacy). Emergency Room and Outpatient Records (Hospital) Coordinators.

**WHAT IS YOUR ROLE? AS A HEALTH CARE PROVIDER**, some of your patients will be on the PSP program. When you treat a PSP patient, you will be required to make a decision regarding that individual's reliability to perform duties with certain weapons. So as you can see, you are a **KEY PLAYER!** The rest of this hand out provides specific information that will help you to perform this vitally important duty.

HOW DO YOU KNOW IF A PERSON IS “ON PSP”? You will see AF Form 745, Sensitive Duties Program Record Identifier, in the health record. This form is placed in the outpatient, dental mental health, obstetrical and inpatient records of all PSP personnel. The form consists of a large black triangle on red paper. It is the first sheet you see in the record. There will also be a pink stamp stamped on the cover of the medical record. The individual should be wearing an orange PSP badge. PSP health records are filed separately from non-PSP records. Flight Medicine, Dental, Mental Health, and Obstetrics Clinics keep PSP records relative to their specific function.

**SPECIAL INSTRUCTIONS FOR OB/GYN, MENTAL HEALTH AND DENTAL PROVIDERS:** If you are a mental health or OB/GYN provider, you are required to make entries in the mental health or the OB record, in addition to the outpatient record. The full PSP stamp must be completed in both records. In the outpatient record, the SF 600, Chronological Record of Care, must contain the date of visit, the PSP stamp (completed properly), and a note with the doctor’s signature.

**ALCOHOL:** If there is any question about alcohol problems or alcohol involvement in a particular injury/illness, you must circle YES in the PSP stamp and write “Alcohol Incident” in the impairment and “30 days” in the estimated duration block of the PSP stamp. If the patient states that they are, in some way, abusing alcohol now or in the past, you must report the information to the PSP monitor immediately! The rest of the stamp must be completed appropriately. If the patient is determined to be alcohol dependent, a RECOMMENDATION from Mental Health for PERMANENT DECERTIFICATION must be made to the squadron IMMEDIATELY. If they are an alcohol abuser recommendation could be for TEMP DECERT to complete rehab at a MINIMUM or PERM DECERT if it is warranted. A letter must be accomplished by the Mental Health provider for the squadron.

**PERMANENT DECERTIFICATION:** Anyone diagnosed with alcohol dependence or drug abuse will be recommended for permanent desertification. If they are an alcohol abuser, a minimum of temp decert or perm decert may be recommended.

**DRUG ABUSE:** Drug abuse is defined as the illegal, wrongful, or improper use, possession, sale or transfer of any narcotic, cannabis, or other controlled substance. For PSP purposes, drug abuse also includes the abuse of anabolic steroids and misuse of prescription or over the counter medication.

**OTHER MEDICAL FACILITIES:** Patients going to any other medical treatment facility will be suspended from PSP for a 7-day duration. This is accomplished by the PSP monitor or administrative clerk, who completes the stamp accordingly. This is because we are not sure of patients’ medical status when the patient is obtaining care outside our facility. When the patient returns, a PSP determination must be made on the treatment provided outside our facility. A PSP medical reviewer must review all records returning from a referral appointment.

**QUARTERS:** The YES is circled on the PSP stamp for all patients placed on quarters. All patients are given a specific time frame.

**ADMISSIONS:** All PSP patients being admitted to the medical center require a notification to their squadrons. The functional impairment is “ADMISSION” type of medication is “N/A” and the estimated time is “30 days”. The person making the notification completes the rest of the stamp.

**DISCHARGE/CON LEAVE:** Notification must be made upon patients' discharge since the squadron has the patient suspended for 30 days. It is essential this be made at the time of discharge since the patient could be given medications that affect PSP. If a patient is put on convalescent leave, a notification must be made for the entire period of leave. If a medication were also given which would cause possible impairment. The duration must be for the entire time the patient is on the medication or con leave, whichever is greater.

**HOW IS THE PATIENTS COMMANDER INFORMED OF YOUR DECISION?** Each commander has designated an individual to act in their behalf as the unit PSP manager/monitor and alternate. Our PSP clerks are designated by the 89 MDG Commander and have been given authority to make notifications to the squadron PSP monitors. When you determine that a PSP patient's reliability is impaired and the YES is circled, our PSP clerks contact the applicable squadron PSP monitor. We inform them of the recommendation to suspend the individual from PSP duties for the time you've indicated in the estimated duration portion of the PSP stamp. Notifications must be made in a timely manner. This means as soon as possible after the patient is seen! In fact, we usually do not let the patient leave the medical treatment facility until the notification is made. This is why you should complete the record entry before the patient leaves your office. Then give the record to the patient who will return it to the registration office where the notification is made. During duty hours at the medical center, the PSP clerk in the Patient Registration office will take care of notifications. He/she will explain to the patient that he/she must carry his/her medical records back to patient registration/outpatient records immediately following the appointment. PSP records should never be kept out of the records section overnight, since a notification could be missed. After duty hours send the patient to Admissions and Dispositions to make the proper notifications.

**CONCLUSION:** It is essential that persons performing duties associated with Presidential support meet the highest possible standards of personal reliability. As a health care provider, you are a **KEY PLAYER** in this process. You have an important responsibility to determine if illness, injury, treatment or stress may affect a PSP patient's ability to perform his/her job. You must approach this responsibility with a conservative attitude. **THERE MUST BE ZERO ERRORS!!!! PLEASE HELP US MAINTAIN THIS GOAL!!**

## **HOW TO REVIEW RECORDS FOR PSP—Instructions for Medical Providers**

### **PRELIMINARY COMMENTS**

Understand the PSP program!!! Refer to the "PSP—Information for Health Care Providers" handout. Keep in mind when you medically clear someone for PSP you are saying there is *nothing* in his or her medical record that even *hints* that there could be a problem. You do not certify an individual for PSP; you only pass on potentially disqualifying information (PDI) to the person's commander so that they can consider it when putting the person on the PSP.

### **MECHANICS OF CHART REVIEW**

1. If the person has been on PSP or PRP in the past:

Look for most recent note in the chart indicating PSP review. If there is any previously documented PDI, put it on the SF 600 overprint. Then go through the entries in the record following the most recent PSP/PRP review. Look for alcohol problems, family problems, anger control issues (often found buried in an ER report) mental health encounters, neuro problems, *anything* that you think the person's commander ought to know about when considering whether or not to let the person support the President.

If no PDI, go to step 3.

If you find PDI, go to step 4.

2. If the person has never been on PSP:

Look at AF Form 1480A or AF Form 2766, Summary of Care, for obvious problems/PDI--e.g., depression, narcolepsy, alcoholism

Look at the induction physical specifically for the use of drugs (self reported); also look for mental health problems, loss of consciousness, seizure disorder, etc.

Go to the earliest SF 600 entry and work your way up to the present; then move on to the information filed in other parts of the record. Look for alcohol problems, family problems, anger control issues (often found buried in an ER report) mental health encounters, neuro problems, *anything* that you think the person's commander ought to know about when considering whether or not to let the person support the President.

If no PDI, go to step 3.

If you find PDI, go to step 4.

3. If no PDI found:

Date the SF 600 overprint, circle the appropriate answers under **MEDICAL REVIEW**, write "no PDI" in the space under "List of all PDI..." and sign it.

Sign the AF Form 2583 in block IV.

You are done. PSP monitor will pick up record.

4. PDI found (discovered by you or by a previous reviewer):

Date the SF 600 overprint, circle the appropriate answers under **MEDICAL REVIEW**, list the PDI legibly in the space under "List of all PDI..." and sign it.

In block VII of the AF Form 2583 write "PDI noted on SF 600". The commander will get a copy of the SF 600.

Sign the AF Form 2583 in block IV.

PSP monitor will pick up record.

5. If the record needs further review (most often by mental health, but could be neuro, cardiology etc), send it to the appropriate department via the PSP monitor.

Be sure to make a note on the SF 600 overprint "Referred to (appropriate department) for further review".

Note: If admin review item on the top of the SF 600 overprint, "MHC record yes/no", is circled yes (meaning that the patient has a mental health record on file), be sure to send the outpatient record to MHC (via the PSP monitor) for their review.

**TIPS:**

Use sticky notes to mark PDI you find in the record; if you don't you will go crazy trying to find it later.

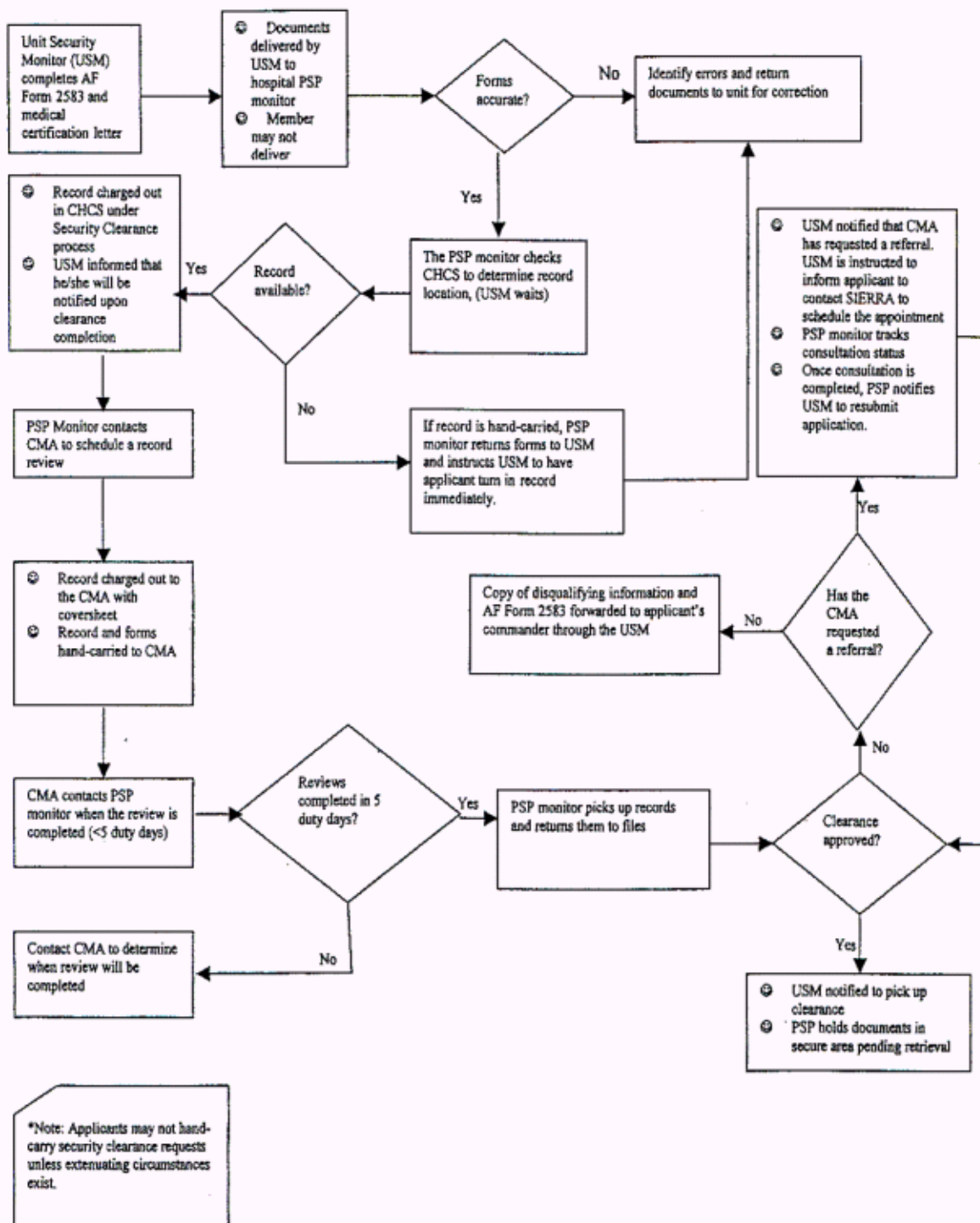
Jot down PDI and associated dates on scratch paper and organize it when finished.

This process is in evolution. If you have ideas to make it better, pass them on to the MDG PSP Monitor.

**GETTING THESE RECORDS DONE DIRECTLY SUPPORTS THE WING'S PRIMARY MISSION. DON'T LET RECORDS LANGUISH IN YOUR OFFICE--GET THEM DONE AND BACK TO THE PSP MONITOR!**

## Attachment 8

## FLOW CHART CLEARANCE PROCESS



**Attachment 9****EXAMPLE OF PSP STAMP**

\_\_\_\_\_ IS PSP (AFH 31-502) REPORTING REQUIRED    YES    NO  
DATE    IF YES, THEN WHAT FUNCTIONAL IMPAIRMENT IS EXPECTED?

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ESTIMATED DURATION \_\_\_\_\_ UNIT \_\_\_\_\_

TYPE OF MEDS PRESCRIBED (i.e. NARC., TRANQ., SED., ETC.)

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PERSON CONTACTED: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DUTY PHONE: \_\_\_\_\_

NOTIFICATION MADE BY: \_\_\_\_\_